

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033360

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 352

FILED AUG 26 1963

## 1. PLACE OF DEATH

a. COUNTY

ST. FRANCOIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN FARMINGTON - RURAL

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) MINERAL  
HOSPITAL OR INSTITUTION AREA OSTEOPATHIC HOSPITALInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

STE. GENEVIEVE

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

STE. GENEVIEVE

d. STREET  
ADDRESS

(If outside, give location)

58 SOUTH MAIN STREET

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

JOHN

Middle

FRANCIS

Last

NANNEY SR.

## 4. DATE OF DEATH

Month

AUGUST

Day

21,

Year

1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-23-1905

## 9. AGE (last birthday)

58

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

## 10b. KIND OF BUSINESS OR INDUSTRY

LIME COMPANY

## 11. BIRTHPLACE (City and state or country)

STE. GENEVIEVE, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

AUGUST NANNEY

## 13b. MOTHER'S MAIDEN NAME

CORA WINSTON

## 14. NAME OF HUSBAND OR WIFE

ESTHER E. BARKS

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address 1913 MAURY

JOHN NANNEY JR., ST. LOUIS, Mo. (10)

## 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hypostatic Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

24h

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Cerebral Embolism

48h

## DUE TO (c)

Auricular Fibrillation

5 days

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-but not related to the terminal disease condition given in PART I (a)

## PART-III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 29, 1959 to Aug 21, 1962 and last saw him alive on 8-21-62. Death occurred at 11:54 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Paul E. Marts, D.O.

## 22b. ADDRESS

Ste. Genevieve, Mo

## 22c. DATE SIGNED

8-22-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

8-24-1963

## 23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

## 23d. LOCATION (City, town, or county)

STE. GENEVIEVE, MISSOURI

## 24. FUNERAL DIRECTOR

## ADDRESS

JEROME H. STANTON, STE. GENEVIEVE, MO.

## 25. DATE RECD. BY LOCAL REG.

Aug 23 1963

## 26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

1 0940

2 0951

3 2

4 0

5 1

6

7 0

8 2

9 433.1

10

11

12 2-2

13 1-7

AUG 28 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James L. Stanton

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.